

all
 THE CLEVELAND MUSEUM OF ART
 FORTY-SEVENTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
 MAY 5 to JUNE 13, 1965

PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator if any _____

Artist _____

Born in Cleveland YES NO

Entered Previous May Shows? YES NO

Address 7537 Briarcliff Pkwy

NO. STREET

CITY

ZIP CODE

FIRST NAME

FRANK

TICHY

LAST NAME

CUYAHOGA

Tel. BE-4-7654.

Out-of-town residents should state whether return shipment is required. YES NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

NUMBER FOR SALE	NUMBER IN EDITION (Graphic Prts.)	PRICE	TITLE	MEDIUM	CLASS	JUROR'S MARK		
							ACCEPT- ED	REJECT- ED
5		10 ⁰⁰	ASPENS	Photography	5	1981	A✓	
5		10 ⁰⁰	From one State	Photography	5	1980	R✓	
5		10 ⁰⁰	CANYON * JM	Photography	5	1982	A✓	

SUBMIT ENTRY BLANK NO LATER THAN MARCH 8, 1965.

DO NOT WRITE
IN THIS SECTION

This entry blank must be fully made out (typewritten or plainly lettered) and signed.
 Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1965

It is also understood that accepted entries will remain on exhibition until June 13, 1965

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Frank Tichy
 SIGNATURE

Submit one entry blank, in duplicate, per person; use second blank if more space is needed. One copy, complete with juror's marks, will be returned to you as notification of acceptance or rejection. THIS COPY IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This form in duplicate is made up of NCR paper which does not require carbon.

Rose Tichy
 PAID MAR 9 1965
 REJECTED: May 8-22
 ACCEPTED: June 18-July 3